



PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/691,348
Filing Date	10/22/2003
First Named Inventor	COOK
Art Unit	3743
Examiner Name	
Attorney Docket Number	COOK 8713 C2

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS				
Address	3810 RITA ELLIOTT COURT				
City	MISSOURI CITY	State	TX	Zip	77459
Country	U.S.A.				
Telephone	314-494-9571	Fax	281-778-8798		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Daniel J. Cook		
Date	10/7/04	Telephone	314-644-4169

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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PTO/SB/81 (09-04)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/691,348
Filing Date	10/22/2003
First Named Inventor	COOK
Title	METHODS OF MAKING LARYNGEAL MASKS
Art Unit	3743
Examiner Name	
Attorney Docket Number	COOK 8713 C2

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
AHAJI AMOS	46,831

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	AHAJI AMOS		
Address	3810 RITA ELLIOTT COURT		
City	MISSOURI CITY	State	TX
Country	U.S.A.		
Telephone	314-494-9571	Fax	281-778-6798

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Daniel J. Cook</i>	Date	10/7/04
Name	Daniel J. Cook	Telephone	314-644-4167
Title and Company	President Cookgas		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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